Georgia Department of Human Resources

MONTHLY INCOME AND EXPENSE REPORT for Region _______

Payment For Services or Fixed Rate Contract

	Number	Description		
DIVISION:	**030**	**Mental Health, Developmental Disabilities & Addictive Diseases**	**REPORT CCYYMM:**	__________
LOCAL AGENCY:	_______	____________________	**REPORT BASIS (CASH):**	C
BUDGET PROGRAM:	_______	____________________	**ACCRUAL CCYYMM:**	__________

BUDGET PROGRAM GRANT IN AID

SCOA	Description	Amount	Fund Source	Grant In Aid Budget Pgm Amount
622.003	Payment for Services or Fixed Rate Contract	____________	**8001**	____________

GRANT IN AID BY SERVICE PROGRAM

Service Pgm Number	Description of Service	SCOA	Amount	Fund Source	Grant-in-Aid Service Program Amounts
		622.002		8000	
		622.002		8000	
		622.002		8000	
		622.002		8000	
		622.002		8000	
		622.002		8000	
		622.002		8000	
		622.002		8000	
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		622.002		8000	
		622.002		8000	

Georgia Department of Human Resources

MONTHLY INCOME AND EXPENSE REPORT for Region _____

Payment For Services or Fixed Rate Contract

Number Description

DIVISION: 030 **Mental Health, Developmental Disabilities & Addictive Diseases** **REPORT CCYYMM:** _____

LOCAL AGENCY: _____ _____ **REPORT BASIS (CASH):** C

BUDGET PROGRAM: _____ _____ **BUDGET REVISION:** _____

AGENCY SIGNATURE
I certify that to the best of my knowledge, the information on this summary is a true and accurate statement of the expenses and consumers served for the specified month. _____ _____ **Authorized Agency Signature** **Date** _____ **Title**
DMHDDAD SIGNATURE
Reviewed By: _____ _____ **Authorized DMHDDAD Signature** **Date**